

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MR MICHAEL H NICKNAME LAST SUFFIX mike Lease		OFFICE USE ONLY Date Received APR 11 2013 2:55 pm MB
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address 314 Drexel Dr GRAPEVINE, TX 76051		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 442 0860		Date Hand-delivered or Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR THOMAS C NICKNAME LAST SUFFIX Tom KORMONDY		Receipt # Amount
	7 CAMPAIGN TREASURER ADDRESS (residence or business) 1915 Big Bend Dr GRAPEVINE, TX 76051		Date Processed
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 488-6413		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 2/08/2013 4/01/2013		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special 5/11/2013		
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL PLACE 3		13 OFFICE SOUGHT (if known) CITY COUNCIL PLACE 3
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

MICHAEL LEASE

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$1520.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$5142.85

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

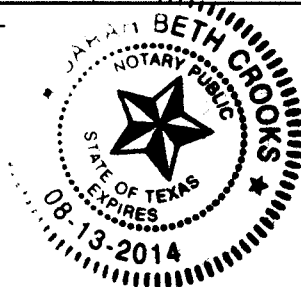
\$5142.85

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Michael Lease, this the 11th day of April, 20 13, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Sarah Beth Crooks

Printed name of officer administering oath

Admin. Assistant

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

MICHAEL LEASE

3 ACCOUNT # (Ethics Commission Filer)

4 Date

3/11/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

TOM & SARAH KORMONDY
6 Contributor address; City; State; Zip Code
1915 BIG BEND DR
GRAPEVINE, TX 76051

7 Amount of contribution (\$)

\$120.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

CHIEF OPERATING OFFICER

10 Employer (See Instructions)

KIDS MATTER INTERNATIONAL

Date

3/12/13

Full name of contributor

☐ out-of-state PAC (ID#)

DENNIS ROBERTS
Contributor address; City; State; Zip Code
308 DREYCL DR
GRAPEVINE, TX 76051

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/10/13

Full name of contributor

☐ out-of-state PAC (ID#)

JASON & LUANN GATTS
Contributor address; City; State; Zip Code
3712 LAKE RIDGE DR
GRAPEVINE, TX 76051

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

FINANCIAL ADVISOR

Employer (See Instructions)

GATTS GROUP

Date

3/10/13

Full name of contributor

☐ out-of-state PAC (ID#)

DON VAUGHN
Contributor address; City; State; Zip Code
116 SILKWOOD
GRAPEVINE, TX 76051

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

DB VAUGHN ASSOCIATES

Date

3/10/13

Full name of contributor

☐ out-of-state PAC (ID#)

MINNIE HALL
Contributor address; City; State; Zip Code
PO Box 2516
GRAPEVINE, TX 76099

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

MICHAEL LEASE

3 ACCOUNT # (Ethics Commission Filers)

4 Date

2/8/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

GARY J. TROYE MARGARD

6 Contributor address; City; State; Zip Code

1313 MOCKINGBIRD DR
GRAPEVINE, TX 76051

7 Amount of contribution (\$)

\$492.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

RETIRED

10 Employer (See Instructions)

Date

3/1/13

Full name of contributor

☐ out-of-state PAC (ID#)

GARY FARINA

Contributor address; City; State; Zip Code

420 S. MAIN
GRAPEVINE, TX 76051

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

Date

3/10/13

Full name of contributor

☐ out-of-state PAC (ID#)

PATRICK FAIRCHILD

Contributor address; City; State; Zip Code

3404 STONECREST DR
GRAPEVINE, TX 76051

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/20/13

Full name of contributor

☐ out-of-state PAC (ID#)

PHIL & SARAH CLOUD

Contributor address; City; State; Zip Code

4104 BENTLY CT
GRAPEVINE, TX 76051

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

BANKER

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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